



Patent  
246/214  
19535-7006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Alexander D. Schapira et al.

Serial No.: 09/648,540

Filed: August 28, 2000

For: METHOD AND SYSTEM FOR  
SIMULATION OF DIGITAL/ANALOG  
INTERFACES WITH ANALOG TRI-STATE  
IOPUTS

Group Art Unit: 2768

POWER OF ATTORNEY

AND REVOCATION OF PREVIOUS POWERS

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Cadence Design Systems, Inc., a Delaware corporation, having a place of business at 2655 Seely Avenue, San Jose, California 95134, certifies that to the best of its knowledge and belief it is the assignee or is entitled to ownership of the entire right, title, and interest in and to the above-referenced patent application by virtue of an Assignment recorded on February 26, 2001 at Reel 011553, Frame 0936, and represents that the undersigned is a representative authorized and empowered to sign on behalf of Cadence Design Systems, Inc., which hereby revokes all powers of attorney previously given and appoints all the attorney(s) and/or agent(s) identified by:

Customer Number 23639  
Bingham McCutchen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, CA 94111-4067

RECEIVED  
FEB 21 2003  
GROUP 3600

with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Send all future correspondence to the attention of Peter C. Mei, Reg. No. 39,768, care of the above address and direct all telephone calls to the same at (650) 849-4870.

Assignee of Interest:

Cadence Design Systems, Inc.

Dated: 1/15/03

By: 

Name: Peter Chen

Title: Vice President and

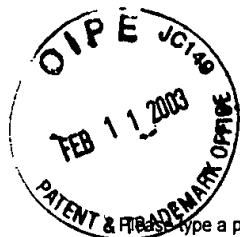
Associate General Counsel

Address of Assignee of Interest:

Cadence Design Systems, Inc.

2655 Seely Avenue

San Jose, CA 95134



2768  
2161

Copy

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Documents In This Submission

3

Application Number

09/648,540

Filing Date

August 28, 2000

First Named Inventor

Alexander D. Schapira et al.

Group Art Unit

2768

Examiner Name

Not yet assigned

Attorney Docket No.

246/214; 19535-7006

## ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate)                  | <input type="checkbox"/> Assignment Papers (for an Application)                                    | <input type="checkbox"/> After Allowance Communication to Group                                    |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Formal Drawings   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |
| <input type="checkbox"/> Amendment / Reply                                    | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)         |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declarations                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Change of Address for All Purposes  |
| <input type="checkbox"/> Extension of Time Request                            | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| <input type="checkbox"/> Express Abandonment Request                          | <input type="checkbox"/> Terminal Disclaimer   |  |
| <input type="checkbox"/> Information Disclosure Statement with PTO Form 1449a | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)               | <input type="checkbox"/> CD, Number of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application    |  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  |  |  |

Remarks

RECEIVED  
FEB 21 2003  
GROUP 3600

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm  
or  
Individual Name

Peter C. Mei  
Bingham McCutchen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, CA 94111-4067

Signature

Erin C. Ming, Reg. No. 47,797

Date

February 5, 2003

## CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date indicated below with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231:

Dated: February 5, 2003

Signature of Person Certifying:

Printed Name:

Linda Major

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.